

OHPM (Provider Payments) 05-01-04-05 6147-090

Claims Paid July 2004

Total Expenditures by Category of Service	Total Expenditures	Total Recipients	Average Cost per Recipient
OUTPATIENT HOSPITAL, GENERAL	\$ 5,162,337.94	14,992	\$ 344.34
INPATIENT HOSPITAL, GENERAL	3,219,375.44	1,485	2,167.93
PHYSICIANS SERVICES	2,970,106.23	27,308	108.76
DENTAL SERVICE	1,380,767.96	7,623	181.13
RURAL HEALTH CLINIC	953,399.04	5,388	176.95
HOME HEALTH SERVICES	664,479.63	912	728.60
FURNISHED MED SUP OR DME	651,445.35	3,523	184.91
PRIVATE DUTY NURSING	541,546.76	100	5,415.47
PSYCHOLOGY	358,560.31	1,915	187.24
SKILL NURSING FAC NURSING HOME	321,352.30	131	2,453.07
HOME&COMM BASED CARE - DI	190,695.76	83	2,297.54
OPTOMETRIC SERVICES EYEGLASSES	135,143.00	3,863	34.98
AMBULANCE SERVICE	122,684.87	703	174.52
LABORATORY (PATHOLOGY)	109,712.13	2,723	40.29
ADULT MEDICAL DAY CARE	105,098.00	118	890.66
PERSONAL CARE	91,624.00	45	2,036.09
MEDICAL SERVICES CLINIC		381	-
WHEELCHAIR VAN	66,979.50	240	279.08
PHYSICAL THERAPY	61,972.42	277	223.73
FAMILY PLANNING SERVICES	44,724.40	203	220.32
CLINIC SERVICES	36,495.27	242	150.81
ADVANCE REG NURSE PRACT	31,029.40	291	106.63
SNF NURSING HOME ATYPICAL CARE	30,079.58	3	10,026.53
I/P HOSPITAL SWING BEDS, SNF	17,075.01	11	1,552.27
OCCUPATIONAL THERAPY	15,170.67	55	275.83
PODIATRIST SERVICES	13,645.76	325	41.99
CERTIFIED MIDWIFE (NON-NURSE)	6,802.93	11	618.45
CHIROPRACTIC	5,535.20	153	36.18
X-RAY SERVICES	5,368.43	169	31.77
AUDIOLOGY SERVICES	3,014.16	93	32.41
SPEECH THERAPY	2,997.60	16	187.35
INTERMED CARE FAC NURSE HOME	2,927.69	1	2,927.69
DAY HABILITATION CENTER	2,311.90	3	770.63
I/P HOSPITAL SWING BEDS, ICF	847.95	1	847.95
CHILD HEALTH SUPPORT SERVICE	459.00	1	459.00
OUTPATIENT HOSPITAL, MENTAL	1.72	5	0.34
DISABILITY DETERMIN SERVICE	(15.00)	1	(15.00)
Subtotal Category of Service	\$ 17,325,752.31		
PROV SYS P/OUT NON CLM SPEC	40,854.59		
INS PREM CARR SYS P/OUT	25,955.89		
Missing	509.65		
PROV REFUND CLM SPEC	(11,856.69)		
PROV RECOUP NON CLM SPEC	(12,985.15)		
TPL CARR REFUND NON CLM SPEC	(86,322.42)		
PROV REFUND NON CLM SPEC	(211,205.15)		
Refunds Subtotal	\$ (255,049.28)		
IFS Transactions:			
Medicare Part A & B	754,843.80		
BCCP	67,783.06		
HIPP IFS	3,663.00		
Current Yr Recoveries	(2,526.68)		
IFS PP Sub-Total	\$ 823,763.18		
Adjustments (Adjustments, Transfers)	383,089.76		
Total Expenditures per IFS	\$ 18,277,555.97		

Notes:

Claims paid data for July 2004, which had 5 weekly financial cycles

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for Provider Payments includes Fund Code A, including new MEAD clients and expenditures.

Refunds include various claim-specific and non claim-specific recoupments or refunds.

IFS PP represents claims paid outside the medicaid claims system

Funder 57 Report provides additional details on adjustments.

OHPM (Drugs) 05-01-04-05 6147-092
 Claims Paid July 2004

**Total
Expenditures by
Category of
Service**

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
DISPENSE PRESCRIBED DRUGS	\$ 11,574,633.05	38,166	\$ 303.27
BCCP	5,906.05		
Sub-Total	11,580,539.10		
Adjustments	(8,750.56)		
Total Expenditures per IFS	<u>\$ 11,571,788.54</u>		

Notes:

Claims paid data for July 2004.

July 2004 3 First Health financial cycles

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Adjustment amt is the difference between interim adhoc reporting and IFS.

DBH (Community Mental Health Expenditures) 05-01-11-04-01

Claims Paid July 2004

<u>Total Expenditures</u> by Category of Service	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
MENTAL ILLNESS MGT SVCS (MIMS)	\$ 3,470,879.00	3,686	\$ 941.64
CASE MANAGEMENT SERVICES	2,337,288.00	4,548	513.92
PSYCHOTHERAPY SERVICES	522,488.00	3,178	164.41
ALL PSYCHIATRIC SERVICES	232,053.00	2,762	84.02
OTHER MEDICAID SERVICES	498.00	35	14.23
ACUTE SERVICES	136,775.00	267	512.27
FAMILY SERVICES	174,386.00	1,058	164.83
Total Expenditures	<u>\$ 6,874,367.00</u>		

Notes:

Claims paid data for July 2004

July 2004 - 5 weekly financial cycles

Claims were fiscal pended in June 2004 and released for payment in July 2004 in the first financial cycle of SFY 05.

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for CMH expenditures includes Fund Code H

DEAS (Provider Payments) 05-01-10-04 6173-096

Claims Paid July 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
DISPENSE PRESCRIBED DRUGS	\$ 3,239,048.80	6,372	\$ 508.33
SKILL NURSING FAC NURSING HOME	387,033.31	411	941.69
SNF NURSING HOME ATYPICAL CARE	271,977.53	22	12,362.62
PERSONAL CARE	271,924.00	110	2,472.04
INPATIENT HOSPITAL, GENERAL	229,229.04	177	1,295.08
OUTPATIENT HOSPITAL, GENERAL	224,928.95	1,037	216.90
WHEELCHAIR VAN	209,875.25	827	253.78
FURNISHED MED SUP OR DME	91,087.41	682	133.56
ADULT MEDICAL DAY CARE	88,998.00	74	1,202.68
PHYSICIANS SERVICES	82,525.15	2,610	31.62
I/P HOSPITAL SWING BEDS, SNF	19,060.68	8	2,382.59
AMBULANCE SERVICE	11,220.98	225	49.87
RURAL HEALTH CLINIC	9,281.10	386	24.04
OPTOMETRIC SERVICES EYEGLASSES	7,484.60	282	26.54
PSYCHOLOGY	4,075.30	43	94.77
DENTAL SERVICE	2,828.00	12	235.67
LABORATORY (PATHOLOGY)		48	-
PODIATRIST SERVICES	1,292.06	148	8.73
HOME HEALTH SERVICES	635.45	3	211.82
PHYSICAL THERAPY	485.91	7	69.42
ADVANCE REG NURSE PRACT	478.81	85	5.63
OCCUPATIONAL THERAPY	370.96	2	185.48
MEDICAL SERVICES CLINIC	271.85	8	33.98
AUDIOLOGY SERVICES	147.50	8	18.44
SPEECH THERAPY	67.20	1	67.20
X-RAY SERVICES	58.59	7	8.37
CLINIC SERVICES	19.86	1	19.86
CHIROPRACTIC	19.77	1	19.77
Subtotal Category of Service	<u>\$ 5,154,426.06</u>		
PROV REFUND CLM SPEC	(2,947.67)		
Adjustments (Adjustments, Transfers)	1,935.34		
Total Expenditures per IFS	<u>\$ 5,153,413.73</u>		

Notes:

Claims paid data for July 2004

July 2004 - COS Drugs First Health 3 financial cycles

July 2004 - Provider Payments 5 weekly financial cycles

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Funder 57 Report provides additional details on adjustments.

Data for BEAS Provider Payments represents Fund Code J costs.

DEAS (Nursing Home) 05-01-10-04 6173-090

Claims paid July 2004

<u>Total Expenditures</u> by Category of Service	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
INTERMED CARE FAC NURSE HOME	\$ 14,754,135.95	4,576	\$ 3,224.24
ICF NURSING HOME ATYPICAL CARE	273,289.05	50	5,465.78
SKILL NURSING FAC NURSING HOME	20,757.74	13	1,596.75
I/P HOSPITAL SWING BEDS, ICF	14,724.27	10	1,472.43
PROV SYS P/OUT NON CLM SPEC	6,963.93	0	-
Subtotal Category of Service	15,069,870.94		
Adjustments	28,053.16		
Nursing Home Expenditures per IFS	<u>\$ 15,097,924.10</u>		

Notes:

Claims paid data for July 2004

July 2004 - Provider Payments 5 weekly financial cycles

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for Nursing Home payments includes only Fund Code B

Funder 57 Report provides additional details on adjustments.

DDS 05-01-13-01-00
 Claims paid July 2004

<u>Total Expenditures</u> by Category of Service	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
Case Management	\$ 848,648.91	3,233	\$ 262.50
Personal Care (Residential) Services	6,932,625.05	1,538	4,507.56
Day Services	2,738,192.98	1,588	1,724.30
Family Support Services	127,852.01	371	344.61
Other Specialized Services	104,177.81	87	1,197.45
Consumer Directed Services	151,102.87	45	3,357.84
Early Intervention	242,018.06	465	520.47
Total Expenditures	<u>\$ 11,144,617.69</u>		

Notes:

Claims paid data for July 2004

July 2004 - 5 weekly financial cycles

Claims were fiscal pending in June 2004 and released for payment in July 2004 in the first financial cycle of SFY 05.

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.